PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number Under the Papers **Application Number** 10/734,391 TRANSMITTA Filing Date Dec. 11, 2003 First Named Inventor **FORM** KEN GENTILE Art Unit 2816 Examiner Name CASSANDRA F. COX (to be used for all correspondence after initial filing) Attorney Docket Number A5GN2392US Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC 1 Fee Transmittal Form Two Replacement Drawings Appeal Communication to Board. Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC ~ Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): ITEMIZED POSTCARD Request for Refund **Express Abandonment Request** CD, Number of CD(s)_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application

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RICHARD S. KOPPEL

KOPPEL, JACOBS, PATRICK & HEYBL

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Effective on Every appending.			Complete if Known				
Fees pursuant to the Consolidated Approximations Act, 2005 (H.R. 1818). FEE TRANSMITTAL For FY 2005			Application Numb	Application Number 10/734,391			
			Filing Date	Dec. 11,	Dec. 11, 2003		
			First Named Inver	ntor KEN GE	KEN GENTILE		
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	CASSAN	CASSANDRA F. COX		
			Art Unit	2816	2816		
TOTAL AMOUNT OF PAYMENT (\$) \$400.00			Attorney Docket N	lo. A5GN23	A5GN2392US		
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 11-1580 Deposit Account Name: RICHARD S. KOPPEL							
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FEE CALCULATION							
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
	Small En	tity	Small Entity	Small	Entity	Food Boild (\$)	
Utility 30	e (\$) Fee (\$ 00 150) <u>Fee (\$</u> 500			<u>∍ (\$)</u> \Ω	Fees Paid (\$)	
Design 20			250		-		
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Reissue 30	-	500	250	600 30			
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2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues)					50	25	
Each independent claim over 3 (including Reissues)					200	100	
Multiple dependent claims					360	180	
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30 - 32 or HP = HP = highest number of total claims	0 X	<u>50.00</u> =		į	Fee (\$)	Fee Paid (\$)	
	a Claims		Paid (\$)				
5 3 or HP =	2x	200.00 = 4	00.00				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE							
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					Telephone (805)373-0060		
lame (Print/Type) RICHARD S. K	OPPEL /	/			Date 8//	1/05	

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